This is the sixth edition of the quarterly McPin Public Involvement in Research bulletin. In these bulletins we provide news about mental health research and advertise any relevant user and carer involvement in research opportunities and events within the McPin Foundation. We also advertise opportunities for people to get involved in mental health research with other organisations. From time to time we advertise opportunities for people to take part in studies as participants.

If anyone has anything that they would like to include in our involvement bulletin or if you would like to be placed on the mailing list to receive future editions of the bulletin then please sign up [here](mailto:contact@mcpin.org). You can email us at [contact@mcpin.org](mailto:contact@mcpin.org) or phone 0207 922 7874.

To sign up as a supporter of the McPin Foundation and to receive our organisational newsletter, also produced quarterly and distributed by email, please click [here](mailto:www.mcpin.org) or go to [www.mcpin.org](http://www.mcpin.org).
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We welcome submissions of articles for publication in this Bulletin on a voluntary basis. We reserve the right to edit articles that are submitted (in consultation with the contributor) before publication. The views expressed in articles in this bulletin are solely those of the authors and do not necessarily represent the views of the McPin Foundation.
Interested in building an evidence base for Acute Day Units?

What is an Acute Day Unit (ADU)? A non-residential service that supports people in crisis. They used to be called day hospitals. The research literature does not contain a lot of information about them, or their role in preventing hospital admission.

The NIHR is funding a three year study led by Professor David Osborn from UCL and we are looking to build a lived experience advisory team to help get the study started.

- Are you a mental health carer who has supported someone who has attended an acute day unit in past 3 years?
- Are you a mental health service user who has attended an acute day unit in past 3 years?
- Interested in getting involved in a research project?

The lived experience advisory team will all be paid for their contribution to the project. If you are interested in supporting this study, we would be pleased to hear from you.

Please contact the McPin team for more information: contact@mcpin.org or phone 0207 922 7877. The deadline for people expressing an interest in joining the group is August 31st 2016.

For more information about the study please visit the study website: www.ucl.ac.uk/psychiatry/research/epidemiology/ad-care
Administrator Vacancy

Come and join our team.

We are recruiting an Administrator to join this small but ambitious mental health research charity in Southwark, London, to provide vital administrative and project support to ensure the smooth running of the head office and core functions. Are you looking for a challenge? Passionate about mental health? Exceptionally organised and a confident communicator? Interested in communications and social media? Good at multi-tasking?

We are looking for a motivated, highly organised ‘people person’ who will be able to carry out a range of day-to-day tasks including general administration and basic social media and communications tasks, as well as providing support to our team of researchers and public involvement in research (PiLIR) experts who deliver cutting edge social research and evaluations. We are all about putting people with experience of mental health problems (personal or family/friends) and carers at the heart of all our research.

The successful candidate will be working in a busy team based within an open plan, serviced office space in London SE1 which is shared with other charities. We occupy a 12 desk space and have links with a wider network of freelance and contracted researchers. The Administrator role is vital in helping our organisation to achieve our mission of transforming mental health research. The Administrator will report to our Operations Officer who will provide regular supervision and line management support.

The post is full time (37.5 hours Monday – Friday) based at our offices in Central London SE1. The closing date for applications is Friday 5th August, 5pm. Interview date: We plan to interview suitable candidates in the week commencing 15th August.

Interested? To find out more information please click here: Administrator job description July 2016
To apply please download and complete the following forms and return by email to contact@mcpin.org by the closing date:

McPin Application form Administrator July 2016
Equal opportunities monitoring form_Admin July 2016

All these forms are additionally available on our website (www.mcpin.org). If you have any questions and want to discuss the role further please call 0207 922 7877. Please ensure you address the essential criteria in your application’s supporting statement and send your form in good time to reach us by the closing date. Because of the nature of our work, we actively encourage people with lived experience of mental health problems (personal or family/friend) to apply.

The McPin Foundation also recognises and respects the value and diversity of all.
Participation Opportunities

Are you a RELATIVE of someone with PSYCHOSIS or BIPOLAR DISORDER?

Relatives Education and Coping Toolkit....

- Do you feel DISTRESSED?
- Would you like SUPPORT and information via an online toolkit for relatives?
- Would you like to take part in an ONLINE research study for relatives?
- If the answer to these questions is YES then we’d love to hear from you!

What is REACT?
REACT (Relatives Education And Coping Toolkit) is an online peer-supported toolkit for relatives of people with psychosis or bipolar disorder. The aim of this study is to test the effectiveness of REACT for reducing relatives’ distress and explore the costs involved in delivering this intervention.

Is this research for you?
Participants must be aged 16 years old or over, have access to the internet, and be able to understand written and verbal English.

Who are we?
We are a team of researchers from Lancaster University, Lancashire Care NHS Foundation Trust, Liverpool University and University College London. This project is funded by the National Institute for Health Research Health Technology Assessment (ref 14/49/34).

For more information or to register for this study please visit

www.reacttoolkit.co.uk

Or contact the REACT Team on react@lancaster.ac.uk

Poster Version 1.4 21.03.16
How to help a loved one through severe mental illness

It’s sometimes hard to know how to react when someone is very unwell, for example with psychosis or bipolar, however the REACT team at Lancaster University have come up with a ‘try to’ and ‘try not to’ list based on what other relatives and friends have found worked for them.

<table>
<thead>
<tr>
<th>TRY TO</th>
<th>TRY NOT TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Give sympathy and support.</td>
<td>Wrap them in cotton wool or try to protect them from everything.</td>
</tr>
<tr>
<td>Try to make sure that the person feels that you understand and love them and care for them.</td>
<td>Take on their problems.</td>
</tr>
<tr>
<td>Help with practical issues such as getting medication, getting to appointments, sorting out housing and bills.</td>
<td>Protect them from having to learn to do these things themselves. Make sure that the mental health services take a fair share of responsibility. Give cash to people who run out of money repeatedly or spend it on drugs, alcohol or gambling.</td>
</tr>
<tr>
<td>Expect the person to respect normal boundaries e.g. zero tolerance to threats and violence, and no drug use in the house or around other family members.</td>
<td>Expect the person to respect boundaries if you don’t. Use threats or violence. Take drugs or drink heavily yourself.</td>
</tr>
<tr>
<td>Tell people how their behaviour affects you.</td>
<td>Criticise.</td>
</tr>
</tbody>
</table>

My name’s Lizzi and I work for Lancaster University as part of the REACT study. A few years ago I supported a friend through a period of serious ill-health. It was a difficult time for me and my friend’s family. The REACT study aims to help other relatives and close friends of people with psychosis and bipolar disorder. My fellow REACT Supporter Sue has also supported someone through serious mental illness. We joined the study team because we want to support other people going through the same thing.

The REACT study is comparing the effectiveness of a Relatives Education And Coping Toolkit (REACT) with an online Resource Directory for reducing distress and increasing wellbeing in relatives or close friends of people with psychosis or bipolar disorder. Half the people in the study will receive the REACT toolkit, and half will receive the Resource Directory. If we can show that this toolkit works then it has the potential to be used across the UK to help relatives and friends.

I work with the half of participants who receive the REACT Toolkit. The online toolkit contains lots of information on psychosis and bipolar disorder including what people experience in bipolar and psychosis, mental health services, and treatment. It also has strategies to manage common problems and stories from other relatives about their experiences. Through the site you can also contact me or Sue and we can provide additional support. There is also an online forum (REACT Group) where you can talk directly with other relatives using the site.
The Resource Directory lists details of how to access the full range of support currently available to relatives and friends of people with psychosis or bipolar disorder including links to the websites of the main national mental health organisations and details of how to access support through NHS health services. This ensures you get access to the best support currently available.

We are looking for more relatives or close friends of people with psychosis or bipolar disorder to take part in the study. **If you would like to know more or sign up, please visit www.reacttoolkit.co.uk.**

You can also follow REACT on Twitter @REACTtoolkit

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Are you interested in developing a greater understanding of Public Involvement in health research?

The NIHR Research Design Service North West (RDS NW) is holding a one-day event for health and social care professionals, researchers and members of the public in the North West of England. The event will be a chance to explore and share innovative and effective ways of involving members of the public in health and social care research. Attending the event will help participants gain a broader understanding of:

- Opportunities for public involvement at the different stages of the research process
- The challenges in public involvement in health research and ways to overcome these
- Innovative ways of designing meaningful public involvement in research.

**Who is it for?**

The event is for researchers and members of the public who are involved in health research the North West. The event is free to all, and RDS will pay any reasonable out-of-pocket expenses incurred by members of the public who attend. View the event flyer [here](#). View the programme [here](#).

**Date:** 6th September 2016. **Time:** 9.30 am to 3.30 pm

**Location:** Rise and Shine Room, The Studio, 51 Lever Street, Manchester, M1 1FN. This is a **free event** and lunch is provided. To register and for more details, please visit the [event website](#). If you have any question you can contact the RDS NW at rds-nw@lancaster.ac.uk or by phoning the RDS NW on 01524 593209.
LOOKING FOR VOLUNTEERS WHO EXPERIENCE PARANOID THOUGHTS...

NHS Research Ethics Committee approval reference: 16/LO/0071

Do the following criteria apply to you?

- Experiencing distressing paranoid thoughts for the last month, or longer
- Have been on stable medication for the last 3 months
- Are between the ages of 18 and 65

If you meet the criteria and would like to know more, please contact us! If you then decide to participate we will ask you a few questions to confirm your eligibility.

We will reimburse you £10 per visit (£60 in total) and travel expenses (£10).

Further £30 when you complete the last follow up.

For more information please contact Dr Antonella Trotta:
Phone: 020 7848 0659/07895 080021  Email: antonella-cbmpa@kcl.ac.uk
Website: http://bryonycrane.wix.com/cbm-pa
Are you a mental health service user or carer?

Would you like to complete a questionnaire designed to improve service user and carer involvement in mental health services?

We would like to invite service users and carers who have used a UK mental health care plan in Secondary Mental Health Services to help us develop a new questionnaire to measure user and carer involvement in physical health care planning in mental health services.

All participants will receive a gift voucher for taking part.

For more information, please contact us before the 1st December 2016.

The research team can answer any questions you may have and discuss the project in more detail with you to help you make a decision about participating:

Helen Brooks, tel: 0161 306 7784, mob:07552007535, email: Helen.brooks@manchester.ac.uk

You can also find an online version of the survey on this website: https://survey.ls.manchester.ac.uk/TakeSurvey.aspx?SurveyID=76MH9o36
News

European Union referendum vote – Implications for mental health research?

They often say that a week in politics is a long time. This adage also applies to editors of news bulletins, as having settled on which news stories, policy developments and research to cover, the events of 23rd June threw things into the air! Whether you were for ‘remain’ or an ‘outer’ the issue will certainly continue to dominate politics and beyond over the next few years.

In regard to its potential impact on scientific research, a number of high-ranking scientists including Stephen Hawking (Cambridge), Robert Winston (Imperial College) and David Goldblatt (UCL), all came out in favour of remain, highlighting concerns about funding, recruitment and impact on cooperation that leaving the EU could bring. However, dependent on your political viewpoint these were either legitimate concerns or a further example of the ‘elite’, in this case university academics, being involved in ‘project fear’.

But whatever your perspective, the results of the referendum will certainly have an impact on mental health research. The Guardian recently realised an article entitled ‘Cancer, sea life, mental health: the UK research that will be hit by Brexit’ which is well worth a read. Ian Bradshaw, our new Policy Manager has also written about Brexit and mental health research. The political and economic uncertainty will certainly raise concerns about future funding and cooperation with scientists in the EU, but this fundamental shift could equally lead to new opportunities opening up. Therefore, only time will tell, what the true impact of this decision will be on mental health research.

Missing evidence: An inquiry into the delayed publication of government-commissioned research

The charity ‘Sense about Science’ published a report by Sir Stephen Sedley MP in June that looked at government-commissioned policy research, which highlighted how some of this work ‘fails to see the light of day’.

Although the inquiry found that some studies were deliberately withheld, in order for example to prevent government embarrassment, it showed that of greater concern were the issues raised by systemic problems.

But if public policy is to become more evidence based, it needs strong data rather than conjecture, and therefore all commissioned research needs to be made available for scrutiny. To learn more about the report, please click here.
The HRA and INVOLVE have published an ‘evidence briefing’ and additional ‘guidance’ on PPI in health and social care research. These two documents explore the ethical aspects of the issue, with the latter focusing on the role of Research Ethics Committees (REC) and their greater likelihood of approving work that has a strong PPI element. To read more about this, please click here.

Two new reports from the NIHR central commissioning facility (CCF)

In further news, the NIHR central commissioning facility (CCF) has also published two new reports on patient and public involvement (PPI). The first covered standards for PPI, and was entitled; ‘NIHR standards for patient and public involvement: Exploring why and how to develop and use them’. For full report, please click here. Whist the second covered news and developments over the last twelve months, and was entitled; ‘The public as our partners: Highlights from 2015/16’. For report, please click here.

The benefits advice service for involvement continues

In further news from INVOLVE it was reported that the Benefits Advice Service, a pilot scheme run by Bedford Citizens Advice Bureau, which offers ‘advice and support on payment of fees and expenses for public involvement (in research) that might affect people in receipt of state benefits’ will continue to provide this service. To read more about this, please click here.
Judy Scott (a well-known welfare benefits consultant has worked with INVOLVE to produce a very useful update on changes to welfare benefits and how these may affect people ‘who are offered payment for public involvement in research’. To read the update please click [here](http://www.invo.org.uk) or go to [www.invo.org.uk](http://www.invo.org.uk).
Article

Treatments for Obsessive Compulsive Disorder OCD: Current state of play

Introduction

Obsessive Compulsive Disorder (OCD) is a mental health problem and anxiety disorder that is characterised by intrusive thoughts and compulsive behaviours. It is also sometimes called the ‘doubting disease’ with an example being individuals who fear that they have not locked their house properly, then feeling anxious and compelled to check doors and locks numerous times until they feel happy that everything is ‘just right’. In severe cases, this checking can take many hours, and have a significant impact on an individual’s life. For general information on the condition, please refer to NHS Choices, and Royal College of Psychiatrists websites.

Symptoms and behaviours can vary greatly between individuals, although the intrusive thoughts and anxiety are key characteristics. Common examples though include fear of germs, being contaminated or harming others. And while many individuals have intrusive thoughts and compulsive behaviour, some only experience the thought-based components. Most people with the problem are fully aware of the irrationality of their concerns. Yet the fear of unpleasant things happening, and resultant anxiety, keep the individual locked in a cycle of intrusive thoughts and behaviours to neutralise them, and reduce the anxiety. Conversely, individuals with this problem are often highly conscientious, report high levels of perfectionism, and have a high moral code. Therefore making them statistically the least likely to act on or cause the things that they fear most, such as causing an accident by poor driving or deliberately harming others.

The problem can be mild through to severe, with individuals often experiencing periods of improvement, and then experiencing relapses, which can be triggered by external factors such as stress. The World Health Organisation even ranks the problem amongst its top ten most ‘debilitating diseases’ (click here).

Famous people thought to have had the problem include Dr Johnson (scholar and author of the first English dictionary) and Howard Hughes (US aviator and entrepreneur).
While more recently, the ex-England footballer and celebrity Sir David Beckham has also acknowledged that he has this condition.

Up until the late 1980s OCD as a problem was little known and understood, but this has changed significantly with greater public and professional recognition. The term OCD has even entered the modern lexicon with many people describing themselves as having ‘a little bit of OCD’. However, this is very different from the problem itself, which can often be extremely debilitating. The media has also been criticised for stereotyping individuals with OCD, through TV programs such as the Channel Five series ‘obsessive compulsive cleaners’. While other shows have been accused of misrepresenting the problem (click here).

Incidence, causes and treatment

Recent data suggests that the problem may affect between 1.5 and 2 percent of the general population (click here). But precise figures are difficult to obtain because many people remain undiagnosed or do not seek medical help due to the stigma around the disorder.

Researchers remain unsure about what causes OCD, although a number of theories have been put forward. These include abnormal levels of signalling chemicals in the brain such as serotonin (low), dopamine, and glutamate (high); childhood infections leading to an autoimmune response that may damage structures in the brain (e.g. medulla); genetic factors; and environmental/social factors such as stress; and even learned behaviour. But as with many other health problems it is likely that a number of factors are involved (click here).

Fortunately, a range of reasonably effective treatments is now available, with selective serotonin reuptake inhibitor (SSRI) medication and cognitive behavioural therapy (CBT) thought to offer significant relief, with a combination of these two approaches widely seen by experts as being the most effective (NICE guidelines, click here). In the UK, CBT is available through community mental health services, and in the treatment of OCD the individual goes through a program of ‘exposure and response prevention’ (ERP), with the aim of gradually reducing the anxiety and obsessive behaviour. In regard to pharmaceutical options, numerous SSRI medications (such as Citalopram, Fluoxetine, Paroxetine, and Sertraline) are licensed to treat OCD, although no one medication has been found to be more effective than the others. Unfortunately, between 10 and 40 percent of individuals are either ‘poor responders’ or do not respond to these treatments at all. While many people with OCD have to remain on long-term therapies (such as an SSRI) otherwise they experience a relapse.
UK guidelines for ‘treatment resistant’ individuals favour ‘augmentation’ or additional use of other serotonin modulators, such as Clomipramine, in combination with standard SSRIs (click here). Although this needs to be done with caution, as this can increase the risk of ‘serotonin syndrome’, where too much serotonin can build up in the brain. Alternatively individuals should be prescribed other drug therapies, such as monoamine oxidase inhibitors (MAOIs), although these should not be used in combination with SSRIs as this can lead to ‘serotonin syndrome’. Further secondary options include additional treatment with Benzodiazepines (tranquillisers), low dose anti-psychotic medications, mood stabilizers (such as Lithium), and other antidepressants.

In severe ‘non-responsive’ cases, brain surgery is also seen as an option, although this does carry risks. With the highest number of procedures being conducted in the United States (click here). The most widely performed surgery being cingulotomy, where a lesion is made in the anterior cingulate cortex, with the aim of disrupting its function. Results suggest that this may be helpful in thirty to seventy percent of patients who were previously ‘non-responders’ (click here). Although less invasive approaches using ‘focused ultrasound’ are also being explored in the US (click here). Another procedure, ‘deep brain stimulation’ (DBS), has also been carried out. Here, small electrodes are carefully inserted into the brain and electrical currents from these are used to target the parts of the brain thought to be involved in OCD (such as the anterior cingulate cortex, orbitofrontal cortex (OFC), thalamus and striatum). The advantage of this approach is that the electrical current is used to stimulate, rather than destroy brain areas, and can be reversed. However, only a few individuals worldwide have undergone this surgery and although patients showed improvements, the treatment remains largely experimental (see NIMH on brain stimulation and click here).

New treatments
As with many other mental health problems, lack of funding and interest in the topic has slowed developments. Although a number of small studies have been conducted looking at non-invasive treatments and a number of new medications (see AACAP and NIMH websites).

‘Transcranial magnetic stimulation (TMS)
In this novel treatment, powerful magnets are placed close to the head and used therapeutically to stimulate different parts of the brain. This approach has been used to target the easy to reach areas of the brain thought to be involved in OCD, such as the orbitofrontal cortex (OFC).
However, the results from trials are inconclusive and many researchers are skeptical about the treatment, and particularly its ability to reach structures deep inside the brain (click here). But further research is ongoing, with scientists looking at using ‘deep TMS’ that can reach the deeper structures in the brain (see NIMH on brain stimulation and click here).

**Vagal nerve stimulation (VNS)**
Another possible treatment is ‘Vagal nerve stimulation’ (VNS), but although results have been encouraging, the clinical evidence for this is limited, as only a small number of individuals have been treated using this approach (click here).

**New pharmaceutical treatments**
A number of new medications have been put forward as potential treatments for OCD. Many of these target the glutamate system. Glutamate is a neurotransmitter or brain chemical, just like dopamine and serotonin, and has been implicated in OCD. For example, a number of studies have shown that glutamate levels are higher in OCD, although researchers are unsure about its precise relationship in terms of ‘cause and effect’. Many substances have an effect on the glutamate system and this includes drugs such as Ketamine, Memantine, N-Acetyl-Cysteine (NAC), Riluzole, and Pregabalin (for further information click here and also here).

In fact, some of these substances have already been looked at, as potential treatments for OCD (click here). For example, researchers in the US have explored using Ketamine as a possible treatment for depression and OCD, but the results from the small number of studies that have been carried out remain inconclusive (see NIMH and media reports). And while research exploring the other substances has shown promise, much more work is needed (click here). In addition, psilocybin, the active ingredient in ‘magic mushrooms’ may also offer potential relief for individuals with OCD, although again more research is needed (click here as well as here).

Consequently, there has been renewed optimism around OCD in recent years, as researchers have gained a better understanding of the problem and new potential treatments have emerged (please see AACAP and NIMH). Organisations that can offer help and advice include the International OCD Foundation, OCD Action, OCD UK and Anxiety UK.

Article by Chris Chatterton
Book reviewers wanted!

If you would like to review a book for us then please let us know. The book needs to be on a mental health topic (ideally vaguely related to research, mental health services, and so on) and be reasonably priced. If you write a review for us, we will buy the book for you, and we will give you a £20 gift voucher as a token of our appreciation. Please email thomaskabir@mcpin.org if you have any suggestions.

Mental health research in the news

Blood test that could be a breakthrough for people with depression

This research was covered by a number of newspapers (click here) and websites. Here scientists say that they have developed a blood test that can accurately predict who is most likely to respond to antidepressant drugs. One of the biggest problems faced by health professionals and patients in regard to drug treatments for mental health, is that currently it is often impossible to know who is likely to benefit most, with the result that individuals can experience many years of ‘trial and error’ before they find a medication that works. This is a situation that can be very distressing for both clients and their practitioners. However, researchers from King’s College London identified two biomarkers for inflammation, which if above a particular threshold give a strong likelihood that an individual will not respond to common antidepressants.

Although many of the articles highlighted the importance of this work in the treatment of depression, these drugs are of course used to treat a wide range of mental health conditions, including a number of anxiety disorders, and therefore this research has the potential to make a significant impact on the field. With commentators from organisations such as Rethink Mental Illness stating that this research has great potential. The study was published in The International Journal of Neuropsychopharmacology, and to see the paper please click here.

Patient and public involvement in basic science research – are we doing enough?

An article in the British Medical Journal (BMJ) in May highlighted the progress that has been made in recent years in patient and public involvement (PPI) in research, especially in regard to helping to shape the agenda, particularly in areas of the health sector that have a direct impact on patients. For example, it highlighted how the National Institute for Health Research (NIHR) had made PPI a core principle since its inception in 2006.
However, the author acknowledged that progress in PPI in basic laboratory and ‘blue sky’ research had been much slower, due to perceived problems in recruiting interested individuals and lack of understanding about the role of PPI in this area on both sides. But the article included examples where this had been overcome, showing that greater involvement was possible, and was optimistic that change could occur. And concluded with a call to colleagues to become more actively involved in the area of PPI, particularly those working in basic science.

And elsewhere in the news …

The BBC reported on research being carried out by Oxford University looking at the use of ‘virtual reality’ (VR) as a tool for treating patients with severe paranoia. Here researchers created simulations of social situations that people found difficult, such as using public transport, and then encouraged them to experience these through VR, in order to help alleviate their fears and reduce paranoia. After a single session, many participants felt safer, with some finding that their paranoia was greatly reduced. The results were encouraging, and although the study was comparatively small, the flexibility of the approach means that it could be used to treat a range of conditions. The work was funded by the Medical Research Council and published in the British Journal of Psychiatry. Click here to read the original research paper.

In a similar story, the Guardian also highlighted the potential of ‘virtual reality’ (VR) in helping to treat a range of mental health conditions. The McPin Foundation is supporting a programme of research called the Feeling Safe study from the same study group. To read more about this work please click here.

In other news, it was reported that women are ‘nearly twice as likely to have anxiety’ as men according to a review carried out by experts from Cambridge University. The researchers looked at 48 studies across the world and found that the problem was also more prevalent in other groups (such as those with chronic medical problems) but that the issue was often under researched, as reported by the BBC on 6th June.

Meanwhile the Wellcome Trust, an important player in UK medical research, has also been outlining its work on mental health in an article entitled; ‘Eight ways we’re improving mental health’. Click here to read the article.
The Mental Elf (www.nationalelfservice.net/elf/mental)

The Mental Elf continues with its busy work. One of its current reviews is entitled; ‘Magic mushrooms promising for treatment resistant depression’.

This was a review of a paper in the Lancet on a feasibility study into the potential use of the active ingredient in ‘magic mushrooms’, psilocybin, as a possible additional treatment for depression. It has been known for some time that this chemical may have therapeutic benefits in the treatment of mental health conditions, but due to the stigma and legality issues around the substance, researchers have tended to shy away from work in this area.

However, scientists from Imperial College were able to gain approval for a small preliminary study of 12 individuals with depression, and the results seemed to show that psilocybin was beneficial. But the reviewers and authors of the paper were keen to point out that this was only a feasibility study and the research was at an early stage, and that much more work would be needed, particularly in the design and evaluation of future studies before any definitive conclusions could be drawn.

Although the study does open up the possibility that researchers will now start to look at other ‘banned substances’, which may lead to new lines of enquiry in the treatment of mental health. Click here to read the article in full.

Other highlights include:

**Self-stigma interventions for people with schizophrenia**

Click here to read the article.

**How much mental health presents in emergency departments? We don’t really know**

Click here to read the article

**Socially Moodier? High social media use may increase depression**

Click here to read the article

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Thank you for reading our Public Involvement in Research bulletin! Please do send in suggestions for articles or news to include. It was produced by McPin Foundation, registered charity 1117336. Find out more about us at www.mcpin.org